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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/530,629	
	Filing Date	June 19, 2000	
	First Named Inventor	Michael Dadd	
	Group Art Unit	2834	
	Examiner Name	Guillermo Perez JAN 9 2002	
Total Number of Pages in This Submission	8	Attorney Docket Number	SHP-PT058

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Status Claimed <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Marked-Up Claim Amendment (1 pg.) and Abstract (1 pg.).
Remarks OFFICIAL FACSIMILE SENT VIA TELECOPIER FACSIMILE TO 703-872-9319. PLEASE IMMEDIATELY DELIVER TO EXAMINER GUILLERMO PEREZ, GROUP ART UNIT 2834.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	C. Frederick Koenig III Volpe and Koenig, P.C.	Reg. No. 29,662
Signature		
Date	January 9, 2002	

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being sent via telecopier facsimile (703-872-9319) addressed to:		
Examiner Guillermo Perez, Group Art Unit 2834, on this date: January 9, 2002		
Typed or printed name	C. Frederick Koenig III	
Signature		Date 1/9/02

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Volpe and Koenig Revision of PTO/9B/17 (10-01)
Approved for use through 10/31/2002. OMB 0661-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)

0

Complete if Known

Application Number	09/530,629
Filing Date	June 19, 2000
First Named Inventor	Michael Dadd
Examiner Name	Guillermo Perez
Group Art Unit	2834
Attorney Docket No.	SHP-PT058

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 22-0493
Deposit Account Name: VOLPE AND KOENIG, P.C.

- ☒ Charge any Deficiencies or Credit any Overpayment in the Total Fees Associated With This Communication
☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)

0

2. EXTRA CLAIM FEES

Total Claims: - Extra Claims: X Fee from below: = Fee Paid:
Independent Claims: - ** = X =
Multiple Dependent: =

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	160	126	160	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after first rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify):

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

0

SUBMITTED BY

Name (Print/Type)	C. Frederick Koenig III	Registration No. (Attorney/Agent)	29,662	Telephone	215-568-6400
Signature		Date	January 9, 2002		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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